

Pre-EDIT

*RETURN TO FMF - LOCATION 7540

QUERY CONTROL FORM		RTIS USE ONLY	
Application No.	09437908	Prepared by	001
Examiner-GAU	SMITH - 2877	Date	5-17-04
		No. of queries	① CA

JACKET

- | | | | |
|----------------------|------------------------|--------------------|----------------|
| a. Serial No. | f. Foreign Priority | k. Print Claim(s) | p. PTO-1449 |
| b. Applicant(s) | g. Disclaimer | l. Print Fig. | q. PTOL-85b |
| c. Continuing Data | h. Microfiche Appendix | m. Searched Column | r. Abstract |
| d. PCT | i. Title | n. PTO-270/328 | s. Sheets/Figs |
| e. Domestic Priority | j. Claims Allowed | o. PTO-892 | t. Other |

SPECIFICATION

- a. Page Missing
- b. Text Continuity
- c. Holes through Data
- d. Other Missing Text
- e. Illegible Text
- f. Duplicate Text
- g. Brief Description
- h. Sequence Listing
- i. Appendix
- j. Amendments
- k. Other

CLAIMS

- a. Claim(s) Missing
- b. Improper Dependency
- c. Duplicate Numbers
- d. Incorrect Numbering
- e. Index Disagrees
- f. Punctuation
- g. Amendments
- h. Bracketing
- i. Missing Text
- j. Duplicate Text
- k. Other

MESSAGE

1) Incorrect Numbering: In
the Index of Claims, Claims Nos. 36
and 48 are both renumbered as
Claim #36. There is no claim
renumbered as Claim 15.

Please resolve.

Thurs.

initials

RESPONSE

Index of claims corrected

initials

JBH

Issue Classification				Application No. 09/437,908	Applicant(s) ANDERSSON, NILS
				Examiner Zandra V. Smith	Art Unit 2877

ORIGINAL				CROSS REFERENCE(S)			
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
356	153	356	399				
INTERNATIONAL CLASSIFICATION							
G 0 1 B	11/26						
G 0 1 B	11/00						
	/						
	/						
	/						
(Assistant Examiner) (Date)				Barbara Smith Zandra V. Smith Primary Examiner Art Unit: 2877			
<i>[Signature]</i> (Legal Instruments Examiner) (Date)				Total Claims Allowed: 91			
				O.G. Print Claim(s)	O.G. Print Fig.		
				1	2		
(Primary Examiner) (Date)							

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	33	31	52	61	82	91	121
2	34	32	53	62	83	92	122
3	35	33	54	63	84	93	123
4	36	34	55	64	87	94	124
5	39	35	56	65	88	95	125
6	44	36	6	66	75	96	126
7	45	37	7	67	76	97	127
8	51	38	19	68	77	98	128
9	18	39	20	69	85	99	129
10	11	40	41	70	86	100	130
11	12	41	42	71	89	101	131
12	13	42	60	72	90	102	132
13	65	43	61	73	8	103	133
14	15	44	21	74	23	104	134
15	16	45	22	75	43	105	135
16	17	46	62	76	64	106	136
1	17	40	63	77	91	107	137
2	18	27	66	78	108		138
3	19	28	67	79	109		139
4	20	29	68	80	110		140
5	21	37	69	81	111		141
9	22	38	70	82	112		142
10	23	57	71	83	113		143
14	24	58	72	84	114		144
24	25	59	73	85	115		145
25	26	46	74	86	116		146
26	27	47	78	87	117		147
30	28	48	79	88	118		148
31	29	50	80	89	119		149
32	30	49	81	90	120		150